

PLAINTIFF/PETITIONER/MOVANT'S NAME

MANUEL TAMAYO TORRES JR.

PRISON NUMBER

V12118

PLACE OF CONFINEMENT

SALINAS VALLEY STATE PRISON

ADDRESS

**P.O. Box 1050
SOLEDAD, CA 93960**

2004	1983
FILING FEE PAID	
Yes	No
IF MOTION FILED	
Yes	No
COPIES SENT TO	
Court	ProSe

FILED
JUN - 2 2008
CLERK, U.S. DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA BY AY DEPUTY

**United States District Court
Southern District Of California**

MANUEL TAMAYO TORRES JR.
Plaintiff/Petitioner/Movant

v.

MIKE EVANS. (CDW)
Defendant/Respondent

Civil No.

'08 CV 0990 IEG AIB

**MOTION AND DECLARATION UNDER
PENALTY OF PERJURY IN SUPPORT
OF MOTION TO PROCEED IN FORMA
PAUPERIS**

I, **MANUEL TAMAYO TORRES JR. OCHV12118**

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)

If "Yes," state the place of your incarceration **Salinas Valley State Prison**

Are you employed at the institution? ☐ Yes ☒ No

Do you receive any payment from the institution? ☐ Yes ☒ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

CR

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

San Diego Blood Bank 2008, i was starting at \$10.51 or so. I can't recall employers name, Only attended training.

3. In the past twelve months have you received any money from any of the following sources?:

- | | | |
|---|---|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Spousal or child support | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| g. Any other sources | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month.

I receive anywhere between \$20-\$50 dollars a month, you could call it a gift coming from my grandmother. It's every one to two months, different amounts.

4. Do you have any checking account(s)? ☒ Yes ☐ No

a. Name(s) and address(es) of bank(s): Cal Fed Bank, San Ysidro Blvd San Ysidro Ca. now closed
Bank of America, San Ysidro Blvd, San Ysidro Ca. never closed

b. Present balance in account(s): \$0.00-

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

- a. Name(s) and address(es) of bank(s):
b. Present balance in account(s):

6. Do you own an automobile or other motor vehicle? ☒ Yes ☐ No

a. Make: Chevrolet Year: 1991-92 Model: Lumina

b. Is it financed? ☒ Yes ☐ No

c. If so, what is the amount owed?

1999, Toyota Corolla. The vehicle is not mine I gave it away to my sons mothers mom. Since we came to prison they refuse to take the car out of my name. I no longer speak to these people.

1999, Toyota Corolla, National City, MI, of cars \$2500 owed to Finance company I was covered when the Toyota was taken from me, License Plate #AG6R613

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value. _____

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. **Encarnacion Tamayo, Grandmother**
\$20⁰⁰-50⁰⁰ a month or two

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):

1. ATTN: Telephone company San Diego \$300-350⁰⁰ owed.
2. Cingular Wireless company San Diego \$1,500 or so owed.
3. Blockbuster Video company, Palm Ave San Diego one or two videos owed amount don't know.
4. North Island Hospital San Diego ca. Late fees and video was never returned no excuse.
5. Eastchula Vista Shopper Scripts San Diego ca. paid for never billed.
6. Possibly Bank of America San Diego ca. paid for never billed.

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): **1991-92 Chevrolet Lumina the car is under my name (Manuel Tamayo) Torres Jr. and Amalia Cisneros the car is not mine when I get out I will take it out of my name, I don't talk to these people. It was my sons grandma.**

11. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

DATE **5/23/08**



SIGNATURE OF APPLICANT

If you are a prisoner you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant Torres M.
(NAME OF INMATE)

V12118

(INMATE'S CDC NUMBER)

has the sum of \$ 48.⁸⁰ on account to his/her credit at

Salinas Valley State Prison
(NAME OF INSTITUTION)

I further certify that the applicant has the following securities 48.⁸⁰

to his/her credit according to the records of the aforementioned institution. I further certify that **during**

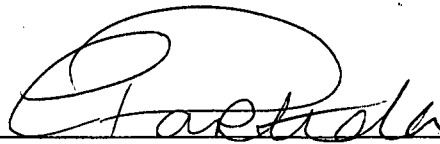
the past six months the applicant's *average monthly balance* was \$ 50.⁰⁰

and the *average monthly deposits* to the applicant's account was \$ 50.⁰⁰

ALL PRISONERS **MUST** ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT
STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD
IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

5-23-08

DATE



SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

A Partida

OFFICER'S FULL NAME (PRINTED)

CCI

OFFICER'S TITLE/RANK

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, MANUEL TAMAYO TORRES JR. #12118, request and authorize the agency holding me in custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either ☐ \$350 (civil complaint) or ☒ \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

DATE

5/23/08



SIGNATURE OF PRISONER

STATE OF CALIFORNIA
CDC-193

First stop small
envelope inside In forma pauperis.
DEPARTMENT OF CORRECTIONS AND REHABILITATION
TRUST ACCOUNT WITHDRAWAL ORDER
CIT SIGNED
mail my account statement.
Date 5/23 20 08

To: Warden or Superintendent Inmate Identified by.....

I hereby request that my Trust Account be charged \$ 5.00 + ~~5.00~~ Fed. S. for the purpose stated below and authorize the withdrawal of that sum from my account:

12118

NUMBER

M. Torres

NAME (Signature please, DO NOT PRINT)

State below the Purpose for which withdrawal is requested (do not use this form for Canteen or Hobby purchases).

PRINT PLAINLY BELOW name and address for person to whom check is to be mailed.

PURPOSE \$ 5.00 Filing Fee Charge for Court!
COPY OF MY TRUST ACCOUNT STATEMENT FOR MY
LAST SIX-MONTH PERIOD TIME \$ 28 U.S.C.
1915 (a)(2). You mail it.

NAME Clerk of U.S. District Court

ADDRESS 880 Front St. Room 4290

San Diego, Ca. 92101 - 8500

Manuel Torres-Torres Jr.

PRINT YOUR FULL NAME

CDC-193(9/01)